

EXHIBIT B - ATTACHMENT III

NEWBORN SCREENING VENDOR AGREEMENT

DATA DEFINITIONS FOR REINBURSEMENT

Note: All data is based on accession number and the corresponding month, e.g. January is Julian dates of 001-031; February is Julian dates of 032-059 (or -060 for leap years), etc. Only accession type 21's are counted (repeats of positives – type 31's are not counted). Since Special Forms have no accession number, the month is defined by the date it becomes a headline case. For transferred cases, the last assigned ASC (other than GDSP) is given full credit.

A. Follow-up on initial NBS positive screening results - \$400

- Each newborn with an initial positive screening for any disorder is counted once. MSMS positives, whether one or more, are only counted once.
- Late determination of positives will be captured during the month the positive determination is made.

B. Additional positive result on same newborn - \$50

- Each additional disorder that is positive for the same newborn as in A. above is counted for as many disorders as are positive.
- Late determination of additional positives will be captured during the month the positive determination is made.

C. Obtain new specimen on newborn (inadequate or too early) - \$200

- True too early and inadequates which require a new specimen are counted once. If a specimen is both inadequate AND too early, it is only counted once.

D. Correct data on NBS record (missing or too early) - \$50

- A specimen which is a headline case because data indicates the specimen was drawn <12 hours or data is missing so age at specimen collection can't be determined, where the case is resolved by adding or correcting data. No new specimen is required.

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E. Special Forms (NO, MR, OH) - \$150

- Special forms for which a specimen cannot be located in SIS by GDSP staff or SIS matching, and which are turned over to the ASC.

F. Late CF Positives - \$400

- When a CF positive determination is made too late to appear on any BO ASC Invoice Report in A above, it will be credited here.

The following areas can be invoiced monthly based upon 1/12th of the annual amount specified in the vendor agreement:

G. Administration Fees

- To be used for administration costs such as rent, equipment, travel and training. **(Add according to its own amount)\$**_____

H. Maternity and Pediatric Hospitals in ASC catchment area - \$2,000

- All hospitals with a licensed perinatal unit. If a new hospital opens during the year, the ASC may invoice for \$2,000.

I. Midwives providing deliveries in ASC catchment area - \$100

- Midwives are counted if they submitted at least one TRF in the previous or current year.

J. One-way distance to each hospital in catchment area - \$5.5/mile

- This rate is intended to cover all costs associated with travel to hospital site visits. It is calculated at the start of each fiscal year based on actual mileage to each hospital from the ASC.